PTO/SB/80 (01-08)
Approved for use through 12/31/2008, OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATION'S BEFORE THE USPTO

| I hereby revoke all | previous powers of attorney | given in the application | identified in the s | attached statement under |
|--|---|---|---|------------------------------|
| 37 CFR 3.73(b). | provide powers or attering | Secondary abbundan | | |
| I hereby appoint: | | | and and a second se | |
| Practitioners associated with the Customer Number: OR | | 04372 | | |
| Practitioner(s) na | med below (If more than ten patent | practitioners are to be name | d, then a customer nu | mber must be used); |
| Name | | Registration Name Number S | | Registrátion Number |
| and the state of t | | 740(1)081 | | 70075 |
| | | | | · · |
| | | | | |
| | | | | |
| | | | and Was days - 15- 625 | (((DD72) be sales = (1-1-1)) |
| any and all patent appli | s) to represent the undersigned befootlons assigned only to the unders accordance with 37 OFR 3.73(b). | fore the United States Patent Signed according to the USPT | and Trapemark Office 'O assignment records | s of assignment documents |
| Please change the corr | espondence address for the applica | ation identified in the attached | statement under 37 (| OFR 3.73(b) to: |
| | · · · · · · · · · · · · · · · · · · · | 04372 | | |
| The address of OR | associated with Customer Number: | | | |
| Flm or Individual Name | Arent Fox LLP | , | . , | · |
| Address | 1050 Connecticut Avenue, | N.W. | | |
| City | | State DC | | Zip 20036 |
| Country | Washington USA | 1 00 | ndavista ann air de la come a mit a come a come | 1 20000 |
| Telephone | | Emal | 1 | |
| Talabitotic | (202) 857-6000 | | · | |
| Assignee Name and Ad Merck Patent Gmb Frankfurter Strasse 64293 Darmstadt Germany | H ⇒ 250 | | | |
| filed in each applica | , together with a statement ur ation in which this form is us pointed in this form if the ap ne application in which this P | ed. The statement unde nointed practitioner is a | uthorized to act on | lav be completed by one of |
| ্ পুশ্ব | SIGN/ Signature and titl | TURE of Assigned of Reco | ord dzod to act on behalf c | of the assignee |
| Signature Ppa, The | Man Timen | 1.V. 5 1001 | | 8005, 55, tops |
| Name Name | transport - min | Dr. Haron 2 | | 1-5F-1213-6154-00 |
| | of cr-68 | European Port | HA AHAVI | 22 |
| comments on the amount | or the regular of the state of | id 1,33. The IMormation is required by 35 U.S.C. 122 and 37 GFR offered application form to the US mandor suggestions for reducing P.O. Box 1450 Alexandria | VA 22313-1450, DO N | OT SEND FEES OR COMPLETED |

If you need assistence in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, inc. www.FormaWork/low.com